

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

1751-63-009399
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **St. Louis**

Length of stay in 1b
1 1/2 Days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Missouri Baptist Hospital**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Illinois** b. COUNTY

c. CITY OR TOWN **East St. Louis**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
2002 N. 19th St.

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First **Michael**

Middle **--**

Last **Sikorski**

4. DATE OF DEATH

Month **February** Day **16** Year **1963**

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
9-29-1880

9. AGE (last birthday)
82

IF UNDER 1 YEAR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)
Machine Hand - Retired

10b. KIND OF BUSINESS OR INDUSTRY
Planing Mill

11. BIRTHPLACE (City and state or country)
Ashley, Illinois

12. CITIZEN OF WHAT COUNTRY
U S A

13a. FATHER'S NAME
Unknown

13b. MOTHER'S MAIDEN NAME
Unknown

14. NAME OF HUSBAND OR WIFE
Mary

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT Address
Maurilius Sikorski 3453 a Keokuk St.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CORONARY OCCLUSION

INTERVAL BETWEEN ONSET AND DEATH
4 1/2 hr

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

MYOCARDIAL AND PULMONARY INSUFFICIENCY 5 yr

DUE TO (c)

PERICARDIAL EFFUSION, PULMONARY EDEMA 1 mo

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
4201

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **2-21-63** to **2-17-63** and last saw him alive on **2-15-63**
Death occurred at **5.30 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

WM R. Gumm MD

22b. ADDRESS

3209 S Grand ST Louis 18-MO

22c. DATE SIGNED

2-18-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE

2-20-1963

23c. NAME OF CEMETERY OR CREMATORY

Mt. Olive Cemetery

23d. LOCATION (City, town, or county) (State)

3900 Mt. Olive Road Lemay, Mo.

24. FUNERAL DIRECTOR ADDRESS
C. Hoffmeister Mortuaries 7814 S. Broadway

25. DATE RECD. BY LOCAL REG.

FEB 18 1963

26. REGISTRAR'S SIGNATURE

Paul Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Licensed Embalmer No. 4194

P.O. Address

St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Dr. Henry R. Krum 3209 8 Brand PR 1-8322
1 PM -